

Provider ICD-10 Preparations

Preparing a small practice for the ICD-10 implementation of October 1st, 2015 is both manageable and may even improve your use of today's ICD-9 codes for current billings. A recent review of a small practice revealed only 8 codes accounting for 90% of billing revenue. Below is a suggested approach to benefit your practice in preparation for ICD-10 implementation:

1. Focus on clinical documentation improvement to prepare for the use of ICD-10 codes.
 - a. Perform an in-house documentation assessment to identify areas of improvement.
 - b. Review the most commonly used diagnosis codes and their frequency.
 - i. Try coding an encounter using the ICD-10 code set while using current clinical documentation.
 - ii. Is the billing and/or coding staff able to select an ICD-10 code to its highest level of specificity for the patient's condition?
 - c. Review documentation for lack of specificity and analyze how to begin the process of improvement.
 - d. Reduce documentation deficiencies now.
 - i. Use clear and precise language to fully describe the patient's condition as presented during the clinical encounter.
 - ii. Capture enough information to support secondary codes.
2. Work with your billing and/or coding staff to identify and *clarify* ICD-10 codes that correspond to the common ICD-9 codes you have identified within your practice.
 - a. Perform a gap analysis to determine how the most common ICD-9 codes will translate to ICD-10 codes.
 - b. Identify and clarify the corresponding ICD-10 code variations.
 - c. Determine the clinical notes and observations you make that might cause your billing and/or coding staff to select one ICD-10 variation over another.
 - i. Begin adding these observations to your notes in the patient's record *now*.
 - d. Do ONE-EACH-DAY. Every day, evaluate just one of the typical scenarios you encounter. Work with your staff to keep track of your chosen ICD-10 codes.
 - i. Update your encounter forms and "superbills" to reflect these ICD-10 codes.

3. Do not let your billing and/or coding staff rely on the “unspecified” code. Avoid denied claims, pended claims, and payer requests for additional information regarding medical necessity.
 - a. Determine the specifications for each ICD-10 code you encounter in your practice and document appropriately.

4. If billing and/or coding staff have already been trained on the use of ICD-10 codes, have them code a portion of your current patient encounters with both an ICD-9 and ICD-10 version. This practice enables staff to maintain their ICD-10 familiarity while continuing to identify areas of clinical documentation improvement.

5. Potential resources to help you improve your clinical documentation:
 - a. Are you a member of any practitioner or user groups that are also looking at documentation improvements?
 - b. Check with your specialty association for additional information and resources on coding common transactions.
 - c. Hospitals or care centers where you have privileges may have guidelines or coaching materials available for your use.
 - d. Consult the vendor providing your practice management software for advice on how to use their system for ICD-10 coding and testing.
 - e. CMS, AHIMA, and AAPC have free downloadable resources for providers and billing/coding staff to use in coding discussions.

Michigan Department of Health and Human Services has a webpage for Medicaid ICD-10 Testing: www.michigan.gov/tradingpartners Select the *HIPAA ICD-10 Implementation* button, and scroll down to the *Testing* section

Please reply with suggestions or any questions to: MDCH-B2B-Testing@michigan.gov

Forward additional ICD-10 Questions to ICD-10 Awareness & Training Team @
MDCH-ICD-10@michigan.gov